

T. Rowe Price Retirement Plan Services, Inc.

P.O. Box 17215
Baltimore, Maryland 21297-1215

4515 Painters Mill Road
Owings Mills, Maryland 21117-4903

RE: San Diego Incentive Retirement Deferred Compensation Plan Termination Letter of Instruction

Dear Participant:

Based on information received from the San Diego County Incentive Deferred Compensation Office, you are eligible to receive a final distribution from the San Diego County Incentive Deferred Compensation Plan. This letter provides instructions for initiating your distribution.

Enclosed you will find:

- Termination Letter of Instruction
- Distribution Election Form

PAYMENT OPTIONS

You may receive your distribution as a total distribution, partial distribution, installment payments, or as an annuity. You may wish to consult an attorney or financial advisor to determine the payment option best suited for you.

Total Distribution

You may request your benefits to be paid in a one-time total distribution either payable to you, or as a direct rollover to your new employers qualified Plan or Traditional IRA (IRA). Your completed distribution paperwork should be returned to the San Diego County Incentive Deferred Compensation Office for approval. Once your paperwork has been approved, and T. Rowe Price receives your distribution paperwork in good order from the San Diego County Incentive Deferred Compensation Office, a check will be issued within two business days after the redemption date of your account and will be sent to your address of record. If you choose to have your benefit paid in a total distribution, complete the enclosed distribution election form. Keep a copy for your records, and return the original to:

San Diego County Deferred Compensation Plan Offices
1600 Pacific Highway
Room 102
San Diego, California 92101-2422

You will be notified by T. Rowe Price, if your distribution request cannot be processed.

Partial Distribution

You may also request to receive a partial distribution of your account balance. Your completed paperwork should be returned to the San Diego County Incentive Deferred Compensation Plan at the address given above.



San Diego County Incentive Deferred Compensation Plan
Termination Letter of Instruction
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Installment Payments

Your distribution may be paid in monthly, quarterly, semiannual, or annual installments. You may determine the duration and frequency of installment payments. Installment payments will be issued from the investment funds in your account on a prorata basis. Complete the enclosed form for installment payments if you wish to have your account distributed in periodic installment payments. Return your completed form to San Diego County Incentive Deferred Compensation Plan at the above address.

Defer Payment

Your distribution may be deferred up to the age of 70½ until you are required to take your required minimum distribution. T. Rowe Price will notify you as your deferment date approaches and request that you make an election as to how you want your balance in the San Diego County Incentive Deferred Compensation Plan to be paid out.

TradeLinkSM

If you currently have assets in TradeLink, you must move the money before T. Rowe Price can process your distribution request.

Please contact T. Rowe Price at 1-800-922-9945 and speak with a representative to review your options in more detail.

In the event that no decision is made about your TradeLink investments, T. Rowe Price will not be able to process your distribution paperwork.

Please review the enclosed information carefully, and select a payment option. Please remember that your election is irrevocable. If you have any questions, call the T. Rowe Price Plan Account Line at 1-800-922-9945.

Sincerely,

T. Rowe Price Retirement Plan Services

**San Diego County Deferred Incentive Compensation Plan 401(a)
Distribution Election Form**

**Participant
Information**

Name of Participant		Social Security Number
Name of Payee (if other than Participant)		Social Security Number
Address		
City	State	ZIP Code
Date of Birth	Date of Termination/Retirement/Disability/Death	Employee Number

**Reason for
Distribution**

- ☐ Termination of employment/ Retirement
☐ Disability
☐ QDRO
☐ Death - payable to:

Name	Name
Social Security Number	Social Security Number
Address	Address
City State ZIP Code	City State ZIP Code
Relationship to Participant	Relationship to Participant
Percent Payable to this Beneficiary	Percent Payable to this Beneficiary

**Method of
Distribution**

- I. ☐ Single Sum Distribution ☐ Partial Distributions _____ (\$/% to be distributed)
- I understand that: 1) federal and state income taxes will not be withheld from the amount directly rolled over to the qualified plan or IRA named below, and 2) the taxable portion of the amount distributed to me, if any, is subject to mandatory federal income tax withholding at a rate of 20% as required under current law, and state income tax will be withheld, if applicable.
1. I received, read, and understand the Special Tax Notice Regarding Plan Payments, which contains general information on the rules regarding rollover, direct rollover, withholding, capital gains, and income-averaging treatment of distributions. I understand that this distribution will be reported to the Internal Revenue Service and may be subject to income taxes. I further understand that if I receive this distribution before reaching age 59½, the distribution may be subject to a 10% penalty tax in addition to the income taxes otherwise due.
- I understand that the total amount of this distribution is eligible for rollover treatment. Please check with your future plan or Traditional IRA (IRA) for specific rollover details.

Direct Rollover to Qualified Plan or IRA

I instruct you to directly roll over \$_____ or _____% of the total eligible portion of the distribution to the qualified plan or IRA named below.



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**San Diego County Incentive Deferred Compensation Plan – 401(a)
Distribution Election Form - continued**

2. If rollovers are going to more than one destination, please provide the information requested above plus the dollar amount or percentage of the distribution for each destination on a separate piece of paper.

a) ____ I instruct you to directly roll over the total distribution requested on this form to the qualified retirement plan, annuity or individual retirement account ("IRA") named below in Direct Rollover Information. I understand that federal and state income tax will not be withheld as a result of this direct rollover.

b) ____ I instruct you to directly roll over \$____ or ____% of the total distribution to the qualified plan annuity or IRA named below in Direct Rollover Information. I instruct you to distribute to me the remaining balance of the distribution. I understand that: 1) federal and state income taxes will not be withheld from the amount directly rolled over to the qualified plan or IRA named below; and 2) the taxable portion of the amount distributed to me is subject to mandatory federal income tax withholding at a rate of 20% as required under current law, and state income tax will be withheld, if applicable.

c) ____ I instruct you to distribute to me the total distribution requested on this form. I understand that federal income tax will be withheld on the distribution at a rate of 20% as required under current law and state tax will be withheld, if applicable.

Qualified Plan or IRA Account Information

Trustee or IRA Custodian Name

Plan Name or IRA Account Number

Address

City, State, ZIP Code

Bank Routing Number

II. ☐ **Installments**

- ☐ Amount Certain — indicate the amount of each payment and the frequency of payments.
\$_____ and Frequency:

- ☐ Monthly
☐ Quarterly
☐ Semi-Annually
☐ Annually

- ☐ Time Certain — indicate the number of years and the frequency of payments.
_____ Number of Years and Frequency

- ☐ Monthly
☐ Quarterly
☐ Semi-Annually
☐ Annually



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**San Diego County Incentive Deferred Compensation Plan – 401(a)
Distribution Election Form - continued**

Election of State and
Federal Income Taxes

STATE INCOME TAX WITHHOLDING:

_____ Single	_____ # Exemptions
_____ Married (file singly)	_____ # Exemptions
_____ Married (file jointly)	_____ # Exemptions
_____ Head of Household	_____ # Exemptions

FEDERAL INCOME TAX WITHHOLDING:

_____ Single	_____ # Exemptions
_____ Married (file singly)	_____ # Exemptions
_____ Married (file jointly)	_____ # Exemptions

TradeLink

If you currently have money in a TradeLink account, you must move the money before T. Rowe Price can process your distribution request. Please indicate the action you will take on your TradeLink account.

- ☐ I will call T. Rowe Price at **(800) 922-9945** and sell my TradeLink Holdings. Once the funds settle, I will place a second call to move my sweep assets back to my core account.
- ☐ I do not have any holdings in TradeLink.

Signature

PLEASE READ THE FOLLOWING BEFORE SIGNING BELOW:

- This election is irrevocable and no changes may be made upon commencement of payments.
- Monies received from this Internal Revenue Code Section 457 (Deferred Compensation) Plan are eligible for Traditional IRA rollover, or to another qualified plan, if that plan accepts rollovers. Please check with your future Plan or IRA for specific rollover details.
- Authorization for distribution *must* be obtained from the San Diego County Incentive Deferred Compensation Office *prior* to T. Rowe Price processing this distribution request.
- By signing this form, the Participant certifies that the Social Security number shown above is his/her correct tax payer identification number.

I hereby certify that the above information and elections are true and accurate. If I elected a direct rollover above, I hereby certify to the best of my knowledge and belief that the account(s) designated by me on this form as the recipient(s) of the direct rollover(s) is(are) an (i) individual retirement account or annuity, (ii) a defined contribution plan qualified under section 401(a) or 403(a) of the Internal Revenue Code ("Code"), (iii) an annuity contract or custodial account described under section 403(b) of the Code, or (iv) a plan described in section 457 of the Code that is sponsored by a government or a governmental agency or subdivision, that accepts direct rollovers of eligible rollover distributions from a plan described in (ii), (iii) or (iv). If I elected to directly rollover my after-tax contributions to a plan described in (ii), (iii) or (iv), I certify that the plan designated by me accepts direct rollovers of after-tax contributions. I accept sole responsibility for my elections, which are based on my individual situation. I have not relied on any tax, investment or any advice furnished by the plan, T. Rowe Price Group, Inc., or any of its subsidiaries or affiliates.

Date

Participant's Signature

Date

Beneficiary's Signature (For Death Benefit Only)

The undersigned (plan administrator or designee) hereby certifies that the information shown on this form is correct and directs T. Rowe Price to make the distribution as instructed on this form.

Date

Plan Administrator's Signature

Mail Completed Form to:

**San Diego County Deferred Compensation Office
1600 Pacific Highway, Room 102
San Diego, California 92101-2422**



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